

I. EPA/STATE Hazardous Waste I.D.#

WAD98C836951

II. Waste Designated By:

☒ RCRA/State SQ
☐ State Only
☐ Non-Regulated/Non-Handler/Protective Filing

III. Exemption Status:

☐ RCRA Exempt Recycler
☐ State Exempt Recycler
☐ Below QEL
☐ Other

IV. Handling

☐ Emergency
☐ Remedial Action
☒ One-Time-Only
☐ Other

DEPARTMENT USE ONLY

C303-7 FORM 2

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/SPV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

DATE IN TO DEPARTMENT

RECEIVED

Init: Date: Region:
EPA: MAR-7 Date: 14:31 Copy:
Input: Update: Ack:
DEPARTMENT USE ONLY

DEPT. OF ECOLOGY

1. ☐ A. FIRST NOTIFICATION

☐ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)

revisions effective: MO. / DAY / YR.

☒ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

9621

3. NAME OF COMPANY

PORT OF SEATTLE - TERMINAL 105

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

P.O. BOX 1209

CITY OR TOWN

SEATTLE

STATE

ZIP CODE

WA

98111

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

TERMINAL 105

4260 W MARGINAL SW

CITY OR TOWN

SEATTLE

6. COUNTY WHERE THIS INSTALLATION IS LOCATED

KING

STATE

ZIP CODE

WA

98134

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☐ GENERATOR

B. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHERD. ☐ UNDERGROUND INJECTION

C. ☐ WASTE MANAGEMENT FACILITY (TSD) (refer to definitions in instructions)

(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT OFF-SITE WASTES

8. CONTACT PERSON

NAME (last),

(first)

DOHRMANN

JOHN

TITLE

PHONE NO. (area code & number)

MANAGER, ENVIR PLNG.

206-728-3333

9A. OWNERSHIP (Legal Owner(s) of this Company)

PORT OF SEATTLE

10. TYPE OF OWNER

(enter letter code)

9B. OWNERSHIP (Legal Owner(s) of site (Property))

PORT OF SEATTLE

4-15-87

✓